PERMIT	#	
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STONINGTON HIGHWAY DEPARTMENT APPLICATION FOR EXCAVATION PERMIT

ISSUED TO:		
ADDRESS:		
	PHONE:	
ADDRESS:		
LOCATION OF WORK:	EMERGENCY PNONE:	
TYPE OF WORK:	START DATE:	
SIGNED:	DATE:	
IS CERTIFICATE OF INSURANCE ON FILE	WITH HIGHWAY OFFICE	
IS REQUIRED BOND COVERAGE ON FILE	WITH HIGHWAY OFFICE	
Contractor shall be responsible for noting Before You Dig" number 1-800-922-44.	fying all underground utilities, or statewide "Call 55 prior to excavation.	
Contractor shall be responsible for noti to the start of work and work must be b traffic.	fying the Highway Department Office 24 hours prior ackfilled at the end of day, so as to insure two lane	
In performing all work, the road will hav all times. All ditches shall be backfilled	re one lane open to insure adequate flow of traffic at at the end of day so as to insure two lane traffic.	
 All work must be performed in accordance and Highways". 	nce with ordinance entitled: "Excavation of Streets	
This permit will remain in effect for one responsible for any maintenance during	(1) year of issue, until revoked. Contractor will be that time.	
Highway Supervisor	 Date	